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CONFIRMATION NO. 3084

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/751,579	<b>FILING OR 371(c) DATE</b> 01/05/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 2517DIV2CON (203-3449DIV2)
<b>APPLICANTS</b> Helmut Kayan, Redwood City, CA; James E. Jervis, Atherton, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/689,208 10/11/2000 PAT 6,673,083 * (*)Data provided by applicant is not consistent with PTO records.				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/09/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 4
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Covidien 60 Middletown Avenue North Haven, CT06473				
<b>TITLE</b> BLOOD VESSEL CLIP AND APPLICATOR				
<b>FILING FEE RECEIVED</b> 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	